

State of California
Application for Milk Handler’s
License - New Distributor

Department of Food and Agriculture
Dairy Marketing Branch
1220 N Street, Room A-224
P. O. Box 942871
Sacramento, California 94271-0001
(916) 654-1456/ Fax: (916) 654-0867

The undersigned hereby applies for a license pursuant to Chapter 2, Part 3, Division 21; or Chapter 1, Part 3, Division 21 of the Food and Agricultural Code.

Two year License Fee \$25.00
FOR THE PERIOD ENDING DECEMBER 31,

PLEASE PRINT OR TYPE

1. DATE BUSINESS STARTED OPERATION	TELEPHONE NUMBER ()	FAX NUMBER ()	E-MAIL ADDRESS
2. BUSINESS NAME OF APPLICANT			
3. BUSINESS LOCATION ADDRESS			ZIP CODE
4. BUSINESS MAILING ADDRESS			ZIP CODE
5. CHECK APPROPRIATE BOX			
INDIVIDUAL		PARTNERSHIP	CORPORATION

6. INDIVIDUAL, MEMBER OF PARTNERSHIP, OR OFFICERS OF CORPORATIONS MUST ANSWER THE FOLLOWING:

NAME AND TITLE	ADDRESS	PHONE NUMBER

7. If a Corporation, list names and address of persons holding more than 25% of the stock on a separate sheet.

7a. STATE INCORPORATED	7b. CORPORATE NO.	7c. DATE INCORPORATED	7d. LIST NAME AND ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS
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8. Who is your supplier(s)? (Give name, address, and phone number) _____

9. Sales are made to: **RETAIL STORES** _____ **WHOLESALE CUSTOMERS** _____ **HOME DELIVERY** _____

10. Do you purchase any bulk milk? **YES** _____ **FROM WHOM:** _____ **NO** _____

APPLICATION MUST BE SIGNED BY THE INDIVIDUAL, BY A MEMBER OF THE PARTNERSHIP, OR OFFICER OF A CORPORATION UNDER PENALTY OF PERJURY.

SIGNATURE OF APPLICANT	PRINT NAME	TITLE	DATE
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ANSWER ALL QUESTIONS APPLICABLE TO YOUR BUSINESS ON THE REVERSE SIDE

NOTE: INFORMATION BELOW MUST BE COMPLETED UNDER PENALTY OF PERJURY

IMPORTANT

11. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR OFFICER OF THE CORPORATION EVER:

BEEN DENIED OR REFUSED A LICENSE	YES	NO	11b. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR THE CORPORATION FAILED TO PAY CALIFORNIA MILK PRODUCERS?	YES	NO
HAD A LICENSE REVOKED OR SUSPENDED	YES	NO			
HAD YOUR LICENSE PLACED ON PROBATION	YES	NO			
HAD PAYMENT MADE FROM A SURETY BOND	YES	NO			
11a. HAVE YOU OR ANY MEMBER OF THE PARTNERSHIP OR OFFICER OF THE CORPORATION EVER BEEN CONVICTED OF A FELONY?	YES	NO	11c. IF SO, DO YOU STILL OWE PAYMENTS TO CALIFORNIA MILK PRODUCERS?	YES	NO

IF ANY OF THE ABOVE BOXES ARE CHECKED "YES", EXPLAIN FULLY ON A SEPARATE SHEET.

The Department of Food and Agriculture has established time periods for the processing of permit applications, in compliance with Government Code sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, P. O. Box 942871, Sacramento, CA 94271-0001, pursuant to regulations set forth in Title 3, California Code of Regulations, section 301. Under certain circumstances, the Secretary may order that the applicant receive a reimbursement of filing fees.

ATTACH CHECK TO COMPLETED APPLICATION AND RETURN TO:

CASHIER, DEPARTMENT OF FOOD & AGRICULTURE

P. O. BOX 942872

SACRAMENTO, CA 94271-0001

DO NOT SEND COIN OR CURRENCY

FOR DEPARTMENT USE ONLY

RC: _____
AMOUNT: _____
LICENSE FEE: _____
RC: _____
AMOUNT: _____

DATE: _____
LN: _____
PENALTY: _____
DATE: _____
LN: _____

